



## INTERLOCAL M/WBE CONSORTIUM RE-CERTIFICATION APPLICATION

### Minority/Women Business Enterprise Data Sheet

(INSTRUCTIONS: Please complete this form in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate letter. Unanswered questions may be reason for denial.)

A. Name of Firm: \_\_\_\_\_

Owner of Firm: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

B. MBE/WBE Status (Please check only one and indicate percentage amount):

☐ African/Black American

☐ Native American Indian

☐ Hispanic American

☐ Non-Minority Woman

☐ Asian American

C. Federal Tax I.D./EIN No. or Social Security No. of Owner: \_\_\_\_\_

D. Type of Firm (Check one): ☐ Sole Proprietorship ☐ Corporation ☐ Partnership

E. Nature of Business: Has the nature of your business changed? Yes ☐ No ☐

If yes, please specify major services/products changes:

\_\_\_\_\_  
\_\_\_\_\_

F. Number of full-time employees: \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

G. Annual Gross revenue last year: \$ \_\_\_\_\_ H. Net worth of firm: \$ \_\_\_\_\_

Name of Business \_\_\_\_\_

- I. **Licenses Required to Conduct Business:** Attach copies of any required local, county and state active business occupational/professional license(s) and permits(s) , i.e. contractors, PUC, A&E, HVAC registration, etc. For each license/permit attached indicate:

Name of Licensing Entity	Name of Licensee/Qualifying Individual	Type of Licensee	% of Ownership	Minority Status	Expiration Date

- J. **Has the business ownership or percentage of ownership changed since the last certification?**

Yes [ ] No [ ]

If so, below list the current owners' names and percentage of ownership

Name	Sex	Ethnic Group	% Owned

- K. **Has the duties and responsibilities of the Directors, Officers and/or Managers who participate in day to day management of the business changed?** Yes [ ] No [ ]

If so, list the name of Directors, Officers and Managers who participate in day to day management of the firm, their titles, duties and responsibilities that have changed.

Name	Title	Duties & Responsibilities

- L. **Has a governmental entity denied MBE certification to your firm during the past year ?**

Yes [ ] No [ ]

If yes, please identify the governmental entity and location:

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- M. **Changes:** State any changes that have occurred since the last certification. (location, legal form of business, ownership and management, etc)

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Name of Business \_\_\_\_\_

**AFFIDAVIT**

The undersigned does hereby swear that the foregoing statements and attachments are true, accurate and include all information requested to completely identify and explain the ownership, control and operation of \_\_\_\_\_ (Name of Enterprise) and that none of the information supplied was for the purpose of misrepresenting the matters stated.

It is recognized and acknowledged that the statements herein are being given under oath and any misrepresentation may be grounds for terminating any contract awarded in reliance hereon and may be grounds for disqualification of the firm for other contracts. It is further recognized and acknowledged that MBE Certification with the City of Tallahassee, Leon County and Leon County Schools will automatically terminate by the sale, exchange or transfer of ownership of the business by minority/women group members. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the City of Tallahassee, Leon County or Leon County Schools M/WBE Offices.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the City of Tallahassee/Leon County/Leon County Schools may result in the revocation or denial of MBE Certification of the above named minority business and/or any other minority business in which owner(s) have an interest. In addition, it may also result in the barring of any business in which such owner(s) have an interest from performing any contracting or procurement business with the City of Tallahassee/Leon County/Leon County Schools.

By submitting this application the above named firm hereby agrees to furnish all documents, records and any other information which at any time may be requested by the City of Tallahassee/Leon County/Leon County Schools in order to review, investigate or to confirm the minority status of the business or owner(s) for Certification as a minority business. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement furnished herein and the documents herewith are true and correct, and that I am authorized, on behalf of the above firm, to make this affidavit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me appeared \_\_\_\_\_  
to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (Name of Firm) \_\_\_\_\_  
to execute the affidavit and did so as a free act and deed.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

Name of Business \_\_\_\_\_

## **Re-certification Document Checklist**

**Name of Firm:** \_\_\_\_\_

The following items are to be forwarded to the Office of Minority/Women Business Enterprise as documentation. Failure to comply with this request may result in certification denial.

\_\_\_\_\_ (a) Documentation of License(s) to do Business (I.E. Occupational, Professional, Business Registration)

\_\_\_\_\_ (b) Certificate showing the type of insurance and coverage limitation held by the firm

\_\_\_\_\_ (c) Copies of other MBE/WBE/DBE Certification(s)

\_\_\_\_\_ (d) Signed Copy of Prior Year Business Tax Return

\_\_\_\_\_ (e) Copies of Firm's Stock Certificate(s) and Stock Transfer Agreement(s)

**Please Note:**

If there is a change in ownership or control of the business, or if you propose to provide additional services not listed previously, the certifying M/WBE Office must be contacted and a new Certification Application completed. Furthermore, the M/WBE office must be notified of any business name, address or phone number changes so that the information available concerning your business is current. Failure to report such changes may constitute grounds for cancellation of this certification.

**Please return Application to:**

**City of Tallahassee MBE Office, 300 S. Adams Street, Mailbox A-11, Tallahassee, FL 32301, (850) 891-8184**

**[OR]**

**Leon County M/WBE Office, 2284 Miccosukee Road, Tallahassee, FL 32308, (850) 488-7509**

**[OR]**

**Leon County Schools MBE Office, 2757 W. Pensacola Street, Tallahassee, FL 32304, (850) 487-7293**

**FOR OFFICE USE ONLY:**

Date Reviewed: \_\_\_\_\_

Type: \_\_\_\_\_

Approved By: \_\_\_\_\_

Not Approved By: \_\_\_\_\_